

Exhibit 7(b): Regional Homeless Services Coordination Plan
*(This page to be completed by **Region Applicants** only.)*

Insert your Regional Homeless Services Coordination Plan in Exhibit 7 of your application binder, including:

- Inventory of Community Resources
- Common Screening Tool
- Common Assessment Tool
- Referral Process
- Diversion Plan
- Prevention and Re-housing Policies and Standards

*Descriptions of each of these elements are listed on pages 108-110 of the Fiscal Year 2013 Ohio Consolidated Plan. The plan can be downloaded at http://development.ohio.gov/cs/cs_ocp.htm.

Ashtabula County's Housing Resource Inventory

Resource	Type	Contact #	Units/Beds	Requirements	Services
Ashtabula County Mental Health and Recovery Services Board	Permanent Supportive Housing	440-992-3121	58 beds	Individuals with severe and persistent mental disabilities	subsidized housing and case management services
Ashtabula Metropolitan Housing Authority	Public Housing	440-992-3156		low-income housing	subsidized housing
Ashtabula Metropolitan Housing Authority	Section 8 vouchers	440-992-3156		low-income housing	subsidized housing
Ashtabula County Community Action Agency	Rapid Re-housing	440-997-5957	29 beds	place-based, low-income housing	short-term subsidized housing and case management services
Beatitude House	Transitional Housing	440-992-0265	10 units	women with children; single women; <30% AMI	self-sufficiency; support services
Catholic Charities of Ashtabula County	Homeless Prevention and Rapid Re-housing	440-992-2121	varies	<30% AMI	rental and utility assistance, case management, advocacy
Catholic Charities of Ashtabula County	Re-housing	440-992-2121	varies	mental health diagnosis and homeless	SSI/SSDI application assistance
Habitat for Humanity	Permanent Homeownership	440-998-0400	typically 1 home per year	low-income homeownership program	sweat equity required by the family
HomeSafe	Domestic Violence Shelter	440-992-2727	12 beds	homeless due to domestic violence	24 hour shelter; individual support, legal advocacy, referrals to other community agencies
Ridgeview Terrace	Permanent Housing	440-998-2400	50 units	low-income, head of household age ≥ 62	subsidized housing
Samaritan House	Emergency Homeless Shelter	440-992-3178	13 beds	county resident with ID	30-day stay; referrals to other community agencies
Signataure Health	Group Home	440-992-8552	16 beds	age 21; dually diagnosed mental health and chemical dependency	Ridgeview Manor
Terra Quest	Permanent Housing	440-998-2400		low-income adults; head of household must have a physical handicap	subsidized housing

Geauga County's Housing Resource Inventory

Resource	Type	Contact #	Units/Beds	Requirements	Services
Ravenwood Mental Health Center	Permanent Supportive Housing	440-632-5355	Shelter Plus Care 10 Single Units 2 Family Units 20 Beds	Geauga resident. Homeless, with severe and persistent mental illness.	Rental assistance/subsidy with supportive services.
Ravenwood Mental Health Center	Permanent Housing	440-632-5355	Community Residence 9 Units 11 Single Beds 7 Family beds	Geauga resident. Individuals and families with severe and persistent mental illness.	Rental assistance/subsidy.
Ravenwood Mental Health Center	Residential Care	440-285-3568	4 Extended Beds 2 Crisis Beds	Geauga resident. Individuals with severe and persistent mental illness. Must meet level of care criteria in need of 24 hour supervision. Must be able to provide for own personal care.	24 hour supervision and crisis intervention.
WomenSafe	Domestic Violence Shelter	440-286-7154	32 Beds	Homeless due to domestic violence. Serves victims of domestic violence throughout Northeast Ohio with a service priority for Geauga residents.	24-hour emergency shelter, 24 hour support and crisis management, counseling, advocacy, information & referral, support groups, aftercare, community education.
Pleasant Hill County Home	Residential Assisted Care	440-279-2131	37 Beds	Geauga resident. Must be ambulatory and able to provide for own personal care.	24 hour assisted living style care, Respite care available. Link to community resources; nursing services, laundry are, meals.
Maple Leaf Community Residence	Permanent Housing	440-729-4314	18 Units 68 Beds	Individuals with developmental disabilities. Serves primarily Geauga residents.	Housing is located throughout the Geauga community. Home based service providers assist residents according to need.
Geauga Metropolitan Housing Authority	Public Housing	440-286-7413	243 Units	Applicants must meet income qualifications and undergo a criminal and credit background check.	Rental subsidy; Tenants have the opportunity to participate in the Family Self-Sufficiency (FSS) Program.

Geauga Metropolitan Housing Authority	Section 8 HCV	440-286-7143	171 Vouchers	Applicants must meet income qualifications and undergo a criminal and credit background check.	Rental subsidy; Tenants have the opportunity to participate in the Family Self-Sufficiency (FSS) Program.
Lake/Geauga Recovery Center	Drug/Alcohol Residential Treatment	440-255-0678	Lake House: 16 beds (additional 3 beds for children ages newborn -3yrs)	Multi-County service area including Geauga County. Women with substance abuse diagnosis, referred only.	Substance abuse assessment and treatment in both in-patient residential and out-patient programs
Lake/Geauga Recovery Center	Drug/Alcohol Residential Treatment	440-255-0678	11 Beds	Multi-County service area including Geauga County. Men with substance abuse diagnosis, referred only.	Substance abuse assessment and treatment in both in-patient residential and out-patient programs
Ashtabula County Community Action Agency	Direct Housing (New Hope)	440-997-5957	28 Units (2 year grant)	Multi-county service area including Geauga County. Homeless individuals and families; 35% of AMI; able and willing to participate in education, job training and employment.	Up to 6 months of rental assistance followed by an additional 6 months of case management.
Ashtabula County Community Action Agency	Home Weatherization	N/A - Home Based Services		Services include: Energy efficiency/weatherization; Appliance replacement; Electrical Repairs for Safety & Health; Roof Repairs/Replacement; Emergency home repairs.	
Geauga County Department on Aging	Home Based Services	440-998-4996		Multi-County service area including Geauga County. Must meet income eligibility criteria.	Home Maintenance/Chore Program; Home Delivered Meals, Homemaker & Personal Care Services. In home services are designed to meet seniors needs in their homes and address health and safety.
Geauga County Dept. of Job & Family Services	Emergency Shelter (motel vouchers) & Financial Assistance	440-285-9141	N/A - Home Based Services	Geauga resident, age 60 or older. Registration with the Dept. on Aging required. Some services are need based. Voluntary donations accepted.	Community Service Block Grant; Emergency Shelter (motel vouchers); Fuel/electric assistance; late rent assistance; security deposits.

United Way Services of Geauga County	Emergency Financial Assistance	N/A- Emergency Financial Assistance	Geauga residents. Must have exhausted mainstream resources.
St. Vincent de Paul Society [St. Mary's of Chardon]	Emergency Financial Assistance	N/A- Emergency Financial Assistance	Geauga residents. Must have exhausted mainstream resources. Religious affiliation not necessary.
			Geauga County residents facing housing, medical or utility emergencies are eligible to receive necessary funding from several charitable organizations including the United Way to resolve these temporary conditions.

Lake County's Housing Resource Inventory

Resource	Type	Contact	Units/Beds	Requirements	Services
Project Hope for the Homeless	Emergency Shelter	440-354-6417	35 beds	Homeless men, women and families with children	45 day shelter; needs assessment; referrals and linking to mainstream services; coaching to address barriers to maintaining housing; 12 months Aftercare available
Forbes House	Domestic Violence Shelter	440-357-1018	26 beds	Homeless due to domestic violence	24-hour emergency shelter, individual advocacy, legal advocacy, information and referrals, support groups, and community education
New Directions for Living	Transitional Housing	440-357-6142	10 units (owned) with 30 beds; adding 7 units with new purchase	Homeless women and families with significant barriers to maintaining housing; must be employable, working on GED or employed	a self-sufficiency program as well as affordable transitional housing for up to 24 months
Project Hope Transitional Housing	Transitional Housing	440-354-6417	15 units, voucher based	Homeless men, women and families with significant barriers to maintaining housing; must be employable, working on GED or employed	a self-sufficiency program as well as affordable transitional housing for up to 18 months
Lifeline's Supportive Housing	Transitional Housing	440-354-2148	6 units, voucher based	Homeless men, women and families with significant barriers to maintaining housing; must be employable, working on GED or employed	a self-sufficiency program as well as affordable transitional housing for up to 18 months
Extended Housing Permanent Supportive Housing	Permanent Supportive Housing	440-352-8424	55 Shelter+Care vouchers	Individuals with severe and persistent mental disabilities	subsidized housing and case management services
McKinley Grove	Permanent Supportive Housing	440-352-8424	17 single units	Individuals with severe and persistent mental disabilities	subsidized housing and case management services
Lake/Geauga Recovery Center	Drug/Alcohol residential treatment	440-255-0678	2 beds for homeless	Homeless men, women with substance abuse diagnosis, referred only	Substance abuse assessment and treatment in both in-patient residential and out-patient programs
Hannah's Home	Transitional Housing	440-209-9615	16 beds	Pregnant women up to the age of 25 and single	a self-sufficiency program teaching life skills, parenting, etc.
Lake Metropolitan Housing Authority	Public Housing	440-354-3347	236 units	Senior and disabled low income tenants	subsidized housing
Lake Metropolitan Housing Authority	Housing Choice Vouchers	440-354-3347	1370 vouchers	low income households	subsidized housing

Portage County's Housing Resource Inventory

Resource	Type	Contact #	Units/Beds	Requirements	Services
City of Kent, Community Development Department		330.678.8108		City of Kent resident; Some programs require that the resident own and occupy their home prior to being eligible for assistance	
Coleman Professional Services/Coleman Residential Services		330.673.1347		Portage County resident; 18+ years old; Primary diagnosis of a severe and persistent mental illness; Homeless; Low income	
Community Action Council of Portage County, Inc.		330.297.1456		Eligibility varies for each program, however all applicants must be Portage County residents	
Community Legal Aid Services, Inc. (CLAS)		330.535.4191		Must reside in the 8 county service area or seeking help located in service areas; meet income guidelines based on funding source	
Fair Housing Contact Service Freedom House		330.376.6191 330.673.0705		All tenant/landlord, housing counseling, discrimination assistance services, and community education programs are free	
Habitat for Humanity of Portage County		330.296.2880		Homeless male veteran Minimum annual income of \$14,600; Complete 250 "sweaty equity" hours per adult; Currently living in substandard housing	
Horizon House		330.296.8590		Female; 18+ years old; Assessed by a licensed substance abuse professional to be in need of this level of care	
Housing & Emergency Support Services (HESS)		330.296.1111		Portage County resident who falls within income guidelines if accessing direct financial assistance through grant funds	
Mental Health and Recovery Board of Portage County		330.673.1756		Portage County resident; Treatment services eligibility based on sliding fee scale that includes income and family size	
Miller Community House Neighborhood Development Services, Inc. (NDS)		330.673.0034 330.297.6400		Homeless or at risk of being homeless; Last permanent address in Portage County; Sober; Not actively psychotic, suicidal, or homicidal; No active warrants out for arrest; No violent criminal history	
				Varies by program	

Ohio Multi-County Development Corp. Portage Horizon		330.315.3718	Portage County resident; Ages 18-24; Female; Income below 50% of the area median income
Portage Area Transitional Housing (PATH)		330.296.0024	Homeless; Ties to Portage County through former residency, family/support systems, and/or employment; Approved through Portage Metropolitan Housing Authority (PMHA); Income at or below 35% of the area mean income
Portage County Regional Planning Commission		330.297.3613	Based on family size and income; Income limits are established by U.S. Department of Housing and Urban Development (HUD)
Portage Metropolitan Housing Authority (PMHA)		330.297.1489	Adults with minor children; Disabled adults; Adults 62+ years old; Single adults or couples without minor children; Subject to criminal background check which could result in denial of assistance
Safe Path Safer Futures		330.346.0623 330.673.2500	Homeless women and their children attempting to escape a violent relationship Victim of domestic violence Persons with disabilities residing in Portage, Summit, and Stark counties
Tri-County Independent Living United Way 211 Portage		330.762.0007 211	Provides its information and referral service to anyone requesting it

Trumbull County's Housing Resource Inventory

Resource	Type	Contact #	Units/Beds	Requirements	Services
Beatitude	Transitional Housing	330-399-1971	37 beds	Homeless women with children; meets HUD's definition of homelessness	Case Management, support services, education/job training
Beatitude at Emmanuel Center	Permanent Supportive Housing	330-545-4301	6 beds	Homeless with chronic disability, meets Hud's definition of homelessness	Case Management, referred for mental health counseling
Catholic Charities Regional Agency Trumbull	Homeless prevention and Rapid re-housing	330-393-4254	0 beds	Homeless or imminent risk of homelessness; below 30% AMI	Rental and utility assistance, case management, advocacy
Catholic Charities Regional Agency Trumbull	COACH	330-393-4254	0 beds	Homeless individuals or families	Case management, advocacy, outreach
Christy House/Urban League	Shelter	330-394-4316	25 beds	Homeless 18 years or older	Temporary shelter for homeless persons; breakfast/dinner
Coleman Professional Services	Homeless Transitional Youth	330-394-8831	10 Youth Beds	Homeless Youth ages 18-26	Mental Health Services, case management, self-sufficiency
Emmanuel Community Care Center	Homeless prevention and Rapid re-housing	330-545-4301	0 beds	Homeless or imminent risk of homelessness; below 30% AMI	Rental and utility assistance, case management, advocacy
Family Promise of Mahoning Valley	Shelter for homeless families	234-421-5226	12 beds	Homeless families	Shelter, meals, day programming
Habitat for Humanity	Permanent Homeowner ship	330-395-1524		Low income home ownership program	Sweat equity required by family
Someplace Safe	Domestic Violence Shelter	330-393-3003	16 beds	Homeless due to domestic violence	24 hour shelter, individual support, legal advocacy
Trumbull Mental Health and Recovery Board/Coleman Professional Services	Permanent Supportive Housing Shelter Plus Care	330-394-8831	85 units	Chronic Homeless persons/families with serious mental health issues	behavioral health services, employment

Trumbull Mental Health and Recovery Board/Coleman Professional Services	Permanent Supportive Housing Joey's Landing	8 units	homeless single adults with a mental health disorder	behavioral health services, employment assistance
Trumbull Mental Health and Recovery Board/Coleman Professional Services	Permanent Supportive Housing Crossroads	330-394-8831	12 units homeless women with a mental health disorder	behavioral health services, employment assistance, live in house monitor
Coleman Professional Services	Permanent Supportive Housing Washington	330-394-8831	8 units Homeless or imminent risk of homelessness; below 30% AMI	behavioral health services, employment assistance, live in house monitor
Trumbull Metropolitan Housing Authority	Public Housing	330.369.1533	low income housing	Subsidized Housing
Trumbull Metropolitan Housing Authority	Section 8 Vouchers	330.369.1533	low income housing	Subsidized Housing

HCRP BARRIER ASSESSMENT

Applicant Name: _____

DOB _____

DATE _____

Circle month in program: Initial 3 6 9 12

Is the household (HH) residing in this county? Y / N	If no, refer to county of residence.
Is the total HH gross income below 30% of AMI? Y / N	If no, not eligible for HCRP
A "yes" answer to the following 3 questions is required for the household to be HCRP eligible:	
Does the household lack subsequent housing options? Y / N	
Does the household lack financial resources needed to obtain immediate housing or remain in existing housing? Y / N	
Does the household lack the support networks needed to obtain housing or remain in existing housing? Y / N	

Eviction Assistance to maintain current housing (reassessments: refer to need at time of program entry)

Risk Factors:

	Y / N
1. Does the HH have an eviction notice?	
2. Is the monthly rent more than 50% of the total HH income?	
3. At time of appointment, will the HH be more than 30 days behind in their rent?	
4. Has the HH received an eviction notice within the last 12 months? (do not include current instance)	
5. Are all employable adults in HH unemployed or have unstable income?	
6. Does the HH have 0 income?	
7. At least one employable adult HH member has gone through a 6 month period of time without work in the last 5 years?	
8. At least one adult in the HH has not obtained a GED or higher level of education.	
9. At least one HH member has had a housing subsidy taken away in the past?	
10. Is the current housing crisis related to a recent domestic violence situation?	
11. Does at least one adult HH member have a documented diagnosis or disability?	
Total "Yes" Answers	

Scoring:

1-5 = Level 1: Household can maintain housing on their own.

6-8= Level 2: HCRP eligible. Level of assistance will be assessed.

9-11= Level 3: Household needs more intensive services than what HCRP can provide.

Housing Assistance for the Homeless

(reassessments: refer to need at time of program entry)

<i>Risk Factors:</i>	<i>Y/N</i>
1. Is the household (HH) literally or imminently homeless?	
2. Has the HH received an eviction notice within the last 12 months?	
3. Are all the employable adults in HH unemployed or have unstable income?	
4. Does the HH have 0 income?	
5. In the last 5 years, at least one employable adult HH member has gone through a 6 month period of time without work?	
6. At least one adult in the HH has not obtained a GED or higher level of education.	
7. At least one HH member has had a housing subsidy taken away in the past?	
8. Is the current housing crisis related to a recent domestic violence situation?	
9. Does at least one adult HH member have a documented diagnosis or disability?	
10. Does at least one adult HH member have a condition that prevents them from working?	
11. Has at least one HH member been homeless more than 3 times in last 5 years?	
12. Is at least one adult HH member currently experiencing substance abuse or mental health issues?	
13. Does the HH have barriers to securing landlord recommendations?	
14. Does the HH have barriers to getting utilities turned on?	
15. Do any adults in HH have barriers to secure hsg due to criminal background?	
<i>Total "Yes" Answers</i>	

Scoring:

- 1-4 = Level 1: Household can secure housing on their own.
 5-10= Level 2: HCRP eligible. Level of assistance will be assessed.
 11-15= Level 3: Household needs more intensive services than what HCRP can provide.

REGION 5 HMIS Data: INTAKE/ENTRY FORM

INTAKE DATE (e.g., 05/24/2010)

			/				/			
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MONTH **DAY** **YEAR**

PROGRAM ENTRY DATE

		/			/			
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MONTH **DAY** **YEAR**

HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr., Sr., III, ...))	
First name	Middle Initial
Last name	

SOCIAL SECURITY NUMBER

			-			-				
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DATE OF BIRTH (e.g., 10/23/1978)

ZIP CODE OF LAST PERMANENT RESIDENCE

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HMIS CLIENT ID NUMBER

ANSWER

PRIMARY RACE

<input type="checkbox"/> American Indian or Alaskan Native (AI/AN)	<input type="checkbox"/> White (W)
<input type="checkbox"/> Asian (A)	<input type="checkbox"/> Native / Hawaiian/Other Pacific Islander (NH)
<input type="checkbox"/> Black / African American (B)	<input type="checkbox"/> Don't Know or Refused

SECONDARY RACE

<input type="checkbox"/> American Indian or Alaskan Native (AI/AN)	<input type="checkbox"/> White (W)
<input type="checkbox"/> Asian (A)	<input type="checkbox"/> Native / Hawaiian/Other Pacific Islander (NH)
<input type="checkbox"/> Black / African American (B)	<input type="checkbox"/> Don't Know or Refused

ETHNICITY / VETERANS STATUS

GENDER

Hispanic / Latino Non-Hispanic/Latino Male Transgendered female to male
 Served in the US Military Did Not Serve in the Military Female Transgendered male to female

PLEASE LIST ADDITIONAL HOUSEHOLD MEMBERS:

LIST ALL HOUSEHOLD MEMBERS WITH A DISABLING CONDITION

NAME	CONDITION	Duration Longer Than 3 Months	
		Yes	No
		Yes	No
		Yes	No

RESIDENCE PRIOR TO PROGRAM ENTRY

<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Refused
<input type="checkbox"/> Hospital (Non-psychiatric)	<input type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Rental by client with other (Non VA) housing subsidy, i.e. Public Housing/Section 8
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Rental by client with VA housing subsidy
<input type="checkbox"/> Other HUD	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Staying or living in a friend's room, apartment or house
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Places not meant for human habitation	Transitional housing for homeless persons including homeless youths

LENGTH OF STAY AT ABOVE

<input type="checkbox"/> 1 week or less	<input type="checkbox"/> More than 3 months but less than 1 year
<input type="checkbox"/> More than 1 week, but less than 1 month	<input type="checkbox"/> 1 year or longer
<input type="checkbox"/> 1 to 3 months	

HOUSING STATUS

<input type="checkbox"/> Literally homeless	<input type="checkbox"/> Housed and at-risk of losing housing
<input type="checkbox"/> Housed and at imminent risk of losing housing	<input type="checkbox"/> Stably housed

NON-CASH BENEFITS	WHO	WHO
<input type="checkbox"/> Food Stamps - Amount \$	<input type="checkbox"/>	Veteran's Medical Services
<input type="checkbox"/> Medicaid	<input type="checkbox"/>	TANF child care Other TANF services
<input type="checkbox"/> Medicare	<input type="checkbox"/>	TANF transportation services
<input type="checkbox"/> State Children's Health Insurance (Healthy Start)	<input type="checkbox"/>	Other TANF services
<input type="checkbox"/> WIC	<input type="checkbox"/>	Temporary rent
<input type="checkbox"/> Section 8, Public Housing	<input type="checkbox"/>	Other:

INCOME WITHIN THE LAST 30 DAYS	AMOUNT	WHO	INCOME WITHIN THE LAST 30 DAYS	AMOUNT	WHO
<input type="checkbox"/> Alimony/spousal support			<input type="checkbox"/> SSI/SSDI		
<input type="checkbox"/> Cash assistance/TANF			<input type="checkbox"/> Unemployment		
<input type="checkbox"/> Child support			<input type="checkbox"/> Veteran's Disability		
<input type="checkbox"/> Income from employment/wages			<input type="checkbox"/> Veteran's Pension		
<input type="checkbox"/> Pension from a former job			<input type="checkbox"/> Worker's Compensation		
<input type="checkbox"/> Retirement from Social Security			<input type="checkbox"/> Other: _____		
TOTAL MONTHLY INCOME:	\$		TOTAL ANNUAL INCOME:	\$	

SERVICES PROVIDED AT ENTRY

Service	Start Date	Direct Costs, if any	Notes
Basic Needs			
Emergency Shelter			
Case Management			
Rental Assistance			
Security Deposit			
Utilities			

REGION 5 ~ HCRP Assistance Determination Form

Households must either be homeless or at-risk of becoming homeless without HCRP assistance. This requires grantees to determine and document three additional criteria:

1. No appropriate subsequent housing options have been identified;
2. The household lacks the financial resources to obtain immediate housing or remain in its existing housing;
3. The household lacks support networks needed to obtain immediate housing or remain in its existing housing.

Name: _____ Date: _____

No subsequent housing options have been identified:

Check any of the reasons why the applicant would not be able to remain in this housing:

- | | |
|---|---|
| <input type="checkbox"/> Time restricted/being discharged | <input type="checkbox"/> Eviction from landlord |
| <input type="checkbox"/> Being asked to move | <input type="checkbox"/> Can no longer afford |
| <input type="checkbox"/> Substandard/not safe | <input type="checkbox"/> Not getting along with roommate/family |
| <input type="checkbox"/> Other: _____ | |

Household lacks financial resources to obtain immediate housing or remain in existing housing:

Applicant's percentage of area median income under 30% Over 30% - not eligible

Has the applicant's income decreased in the last three months? yes no

Checking Account Balance: \$ _____ no account

Savings Account Balance: \$ _____ no account

Alternate Financial Resources:

Resource	Currently Receiving	If currently not receiving, is this resource available?
Section 8 Voucher	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Public Housing	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Percentage of Income Payment Plan Plus (PIPP +)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Home Energy Assistance Program (HEAP)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Winter Crisis Program – formerly E-HEAP	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Local Utility Company Assistance Program	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
PRC Funds (JFS)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
SNAPS	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Other: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

Are all adult household members employed? yes no

If no, is he/she currently looking for work? yes no

If no, why not? _____

Employment and Self-Sufficiency Resource Referrals

Resource	If currently not receiving, was referral made?
DJFS Portage Workforce One-Stop	<input type="checkbox"/> yes <input type="checkbox"/> no
Bureau of Vocational Rehabilitation	<input type="checkbox"/> yes <input type="checkbox"/> no
Employment Training Program	<input type="checkbox"/> yes <input type="checkbox"/> no
GED	<input type="checkbox"/> yes <input type="checkbox"/> no
Vocational/Trade School	<input type="checkbox"/> yes <input type="checkbox"/> no
Community College/University	<input type="checkbox"/> yes <input type="checkbox"/> no
Other: _____	<input type="checkbox"/> yes <input type="checkbox"/> no

Household Lacks Support Networks Needed to Obtain Immediate Housing Or Remain In Its Existing Housing

Does the applicant have relatives that live nearby? yes no

Is the applicant able to stay with friends or relatives until he/she can secure housing independently? yes no

Is the applicant able to ask relatives to live with him/her until they are able to stabilize current housing independently? yes no

Resources/Options Assessment:

- Household lacks subsequent housing options
- Household lacks the financial resources needed to obtain immediate housing or remain in existing housing
- Household lacks the support networks needed to obtain immediate housing or remain in existing housing

Case manager deems that the household:

- does does not meet the assessment for HCRP

Each person signing below certifies that the person/household named above has been assessed for subsequent housing options, financial resources, and support networks to obtain or remain in housing and that all of the information provided above is true and complete, to the best of my knowledge. Fraud is investigated by the Department of Housing and Urban Development, Office of Inspector General, and may be punished under Federal Laws to include, but not limited to, 18 U.S.C. 1001 and 18 U.S.C. 641. I am aware that if either of these certifications is found to be false, I will be subject to criminal, civil, and administrative penalties and sanctions.

HCRP Applicant Signature: _____ Date: _____

HCRP Staff Signature: _____ Date: _____

Homeless Crisis Response Program

STAFF CERTIFICATION OF ELIGIBILITY FOR HCRP ASSISTANCE

Purpose: This form serves as documentation that: (1) the program participant named below meets all eligibility criteria for HCRP assistance; (2) this eligibility determination is based on true and complete information; (3) neither the staff member making this determination nor his or her supervisor are related to the program participant through family, business or other personal ties; and (4) this eligibility determination has not resulted from, nor will result in, any financial benefit to the staff member making this determination, his or her supervisor, or anyone related to them.

Instructions: This form must be completed for each program participant upon the determination of his or her eligibility for HCRP assistance. This form must be signed and dated by the HCRP staff person who makes this determination as well as the staff person's supervisor. The completed, signed form must be kept in the program participant's case file. This form will remain valid, unless a different staff person re-determines the program participant's eligibility, in which case a new form will be required.

Head of Household Name:
Names of Other Household Members*:

**All members in household that will benefit from HCRP assistance must be listed here.*

Required certifications: Each person signing below certifies the following:

1. To the best of my knowledge, the program participant named above meets all requirements to receive assistance under the Homeless Crisis Response Program (HCRP).
2. To the best of my knowledge and ability, all of the information used in making this eligibility determination is true and complete.
3. I am not related to the program participant through family, business or other personal ties.
4. To the best of my knowledge, neither I nor anyone related to me has received or will receive any financial benefit for this eligibility determination.
5. I understand that fraud is investigated by the U.S. Department of Housing and Urban Development, Office of Inspector General, and may be punished under federal laws to include, but not limited to, 18 U.S.C. 1001 and 18 U.S.C. 641.
6. I understand that if any of these certifications is found to be false, I will be subject to criminal, civil and administrative penalties and sanctions.

HCRP Staff Signature: _____ Date: _____

HCRP Supervisor Signature: _____ Date: _____

REGION 5: HCRP Recertification Form (Complete a new form for each scheduled recertification)

Head of Household Name:	First	Middle Initial	Last							
Program Entry Date:	HMIS Client ID:									
Income Calculations	Number in Household	Area Median Income for Household	Client Phone Number:							
Income at Program Entry:	Date of Month 3 Income Review	Date of Month 6 Income Review	<30% Area Median Income							
Change Household Configuration:	Name	Social Security Number	Date of Birth	Primary Race	Secondary Race	HISPANIC (Yes or No)	GENDER	Relationship to Head of Household	Veteran (adults only Yes or No)	
Add/Remove from HMIS	Only Complete Income Section If Income Has Changed									
Date of Certification:	INCOME WITHIN THE LAST 30 DAYS		AMOUNT	WHO	INCOME WITHIN THE LAST 30 DAYS		AMOUNT	WHO		
Total Household Income:	<input type="checkbox"/> Alimony/spousal support <input type="checkbox"/> Cash assistance/TANF <input type="checkbox"/> Child support <input type="checkbox"/> Income from employment/wages <input type="checkbox"/> Pension from a former job <input type="checkbox"/> Retirement from Social Security				<input type="checkbox"/> SSI/SSDI <input type="checkbox"/> Unemployment <input type="checkbox"/> Veteran's Disability <input type="checkbox"/> Veteran's Pension <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Other: _____					
Income Changed?	Yes	Only Complete Benefits Section if Non-Cash Benefits Have Changed								
Non-Cash Benefits at Recertification:	NON-CASH BENEFITS <input type="checkbox"/> Food Stamps - Amount \$ <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance (Healthy Start) <input type="checkbox"/> Section 8, Public Housing, Rental <input type="checkbox"/> TANF child care			WHO	<input type="checkbox"/> TANF transportation services <input type="checkbox"/> Other TANF services <input type="checkbox"/> Temporary rent <input type="checkbox"/> Veteran's medical services <input type="checkbox"/> WIC <input type="checkbox"/> Other: _____			WHO		
Benefits Changed?	Yes	Recertification Completed by:								
Household Recertification:	Yes									
	No									

Region 5 HCRP: Assessing Level of Assistance

The following graph is completed for every household scoring a ‘Level 2’ on the screening assessment. Levels of assistance are based on the number of risk factors identified for each household. Levels of assistance will generally correlate to where the majority of check marks are noted. A high number of check marks in the left columns will indicate a lower level of assistance and a high number in the right column will indicate a higher level of assistance.

	5-6	7	8-10
Assessment Score (/)			
	0-1 identified	2-3 identified	4-6 identified
Weighted Risk Factors (/)			
<ul style="list-style-type: none"> • Subsidized housing • Court-Ordered Eviction • Ex-Offenders • Elderly • Persons with Disabilities • Persons fleeing Domestic Violence 			
	High	Very High	Extremely High
Homeless Risk (/) (i.e., staying in car; number of month's behind in rent)			
	Good	Fair	Poor
Housing History (/) (i.e., prior homelessness or number of evictions.)			
Employment History (/) (i.e., prior stable employment, poor work history, etc.)			
Income/Rent Ratio (/) (Review budget)			

Housing Budget Form

Region 5 HCRP County Budget Calculator

Client Name:

Source/Amount of Income for all household members

Income received from any source in the past 30 days?			<input type="checkbox"/>	No	<input type="checkbox"/>	Yes			
			<input type="checkbox"/>	Don't Know	<input type="checkbox"/>	Refused			
Source of Income Gross						Required information			
Earned Income	\$0.00	\$0.00							
Earned Income	\$0.00	\$0.00							
Supplemental Security Income (SSI)	\$0.00	\$0.00	Number in Household			0			
Social Security Disability Income	\$0.00	\$0.00	Annual Income w/o FS			0.00			
Social Security Retirement	\$0.00	\$0.00	Lake County AMI Info						
Worker's Compensation	\$0.00	\$0.00	Household Size	30% of AMI Income					
Unemployment	\$0.00	\$0.00	1	\$13,300					
Alimony	\$0.00	\$0.00	2	\$15,200					
Child Support	\$0.00	\$0.00	3	\$17,100					
Cash Assistance	\$0.00	\$0.00	4	\$19,000					
Veteran's Disability Payment	\$0.00	\$0.00	5	\$20,550					
Veteran's Pension	\$0.00	\$0.00	6	\$22,050					
Savings	\$0.00	\$0.00	7	\$23,600					
CDs/Stocks/Bonds	\$0.00	\$0.00	8	\$25,100					
Don't Know	\$0.00	\$0.00	> 8						
Other	\$0.00	\$0.00	For > 8 add 8% of the 4-person limit for each additional person						
Other	\$0.00	\$0.00							
Other	\$0.00	\$0.00							
Other	\$0.00	\$0.00	Below 30%		Yes or No				
	\$0.00	\$0.00							
	\$0.00	\$0.00	Circle One						
Total Income	0.00	0.00	Initial Budget						
Food Stamps amount	0.00	0.00	Recertification : 3, 6, 9,12,15,18						
Total Income with Food Stamps	0.00	0.00							

Monthly Financial Expenses for all household members

Net Income with Food Stamps	0.00	0.00	
Expense Category	Current Budget	Recom. Budget	Notes
Rent/Mortgage Payment	0.00	0.00	
2nd Mortgage	0.00	0.00	
Home Equity	0.00	0.00	
Lot rent	0.00	0.00	
Property Tax	0.00	0.00	
Electricity	0.00	0.00	
Gas/Oil/Coal/Wood	0.00	0.00	
Garbage/sewer	0.00	0.00	
Water	0.00	0.00	
Cable/Satellite	0.00	0.00	
Internet	0.00	0.00	
Telephone	0.00	0.00	
Cell phone	0.00	0.00	
Cigarettes	0.00	0.00	
Groceries (include food stamps)	0.00	0.00	
Eating out/ Delivery	0.00	0.00	
Transportation - Bus pass/fare	0.00	0.00	
Car loan payments	0.00	0.00	
Gas and oil	0.00	0.00	
Car maintenance	0.00	0.00	

Housing Budget Form

Car insurance	0.00	0.00
Bus pass/taxi	0.00	0.00
Prescriptions/copays	0.00	0.00
Medical bills	0.00	0.00
Health/Dental/ Vision Insurance	0.00	0.00
Home/rental Insurance	0.00	0.00
Clothing	0.00	0.00
Laundry	0.00	0.00
Haircuts	0.00	0.00
Nails	0.00	0.00
Toiletries/ personal care	0.00	0.00
Entertainment	0.00	0.00
Credit Cards	0.00	0.00
Loans/Payday Loans	0.00	0.00
Court Fines	0.00	0.00
Storage	0.00	0.00
Clothing	0.00	0.00
Childcare	0.00	0.00
Child support/alimony	0.00	0.00
Fundraising	0.00	0.00
Extracurricular activities	0.00	0.00
Donations/Charities/Church	0.00	0.00
Continuing Education/Tuition	0.00	0.00
Pets	0.00	0.00
Life Insurance	0.00	0.00
Savings/Savings account	0.00	0.00
Savings/Investments	0.00	0.00
Savings/IRA	0.00	0.00
Pocket Money	0.00	0.00
Other	0.00	0.00
Other	0.00	0.00
Total expenses	0.00	0.00
Surplus or Deficit	\$0.00	\$0.00

Notes:

Client Signature

Date

Caseworker Signature

Date

Region 5~HCRP~Documentation Checklist

Client Name _____ HMIS ID# _____

- Prevention
- Rapid Re-Housing

For New Housing

Intake / Entry	
Barrier Assessment	
HMIS Information	<ul style="list-style-type: none"> • Release of Information • Assistance Form • Exit Form
Photo ID	
Proof of Income	<ul style="list-style-type: none"> <input type="checkbox"/> Last 30 days pay stubs <input type="checkbox"/> Award Letters <input type="checkbox"/> New employment verify <input type="checkbox"/> Income Verif. Form
Budget	
Assistance Determination	
Proof of Homelessness	<ul style="list-style-type: none"> <input type="checkbox"/> Homeless Certification <input type="checkbox"/> Self Declaration <input type="checkbox"/> Letter & lease from where residing
New Landlord Info	<ul style="list-style-type: none"> <input type="checkbox"/> Tenancy Approval <input type="checkbox"/> Landlord Verification Form
Signed Lease	
Inspection Forms	<ul style="list-style-type: none"> <input type="checkbox"/> Housing Quality <input type="checkbox"/> Lead Inspection
Rent Reasonableness Documentation & Fair Market Rent	
Staff Certification	
Rental Assistance Agreement	
Copy of Check	
Documentation of utility assistance (if applicable)	
Releases of Information	
Reassessments and Recertifications	
Case Notes	
Termination of Assistance (If applicable)	
Post Exit Follow-Up Verification	

For Evictions

Intake / Entry	
Barrier Assessment	
HMIS Information	<ul style="list-style-type: none"> • Release of Information • Assistance Form • Exit Form
Photo ID	
Proof of Income	<ul style="list-style-type: none"> <input type="checkbox"/> Last 30 days pay stubs <input type="checkbox"/> Award Letters <input type="checkbox"/> New employment verify <input type="checkbox"/> Income Verif. Form <input type="checkbox"/> Self Declaration Form
Budget	
Assistance Determination	
Eviction Notice	
Copy of Current Lease	
Inspection Form	<ul style="list-style-type: none"> <input type="checkbox"/> Housing Quality <input type="checkbox"/> Lead Inspection
Rent Reasonableness Documentation & Fair Market Rent	
Staff Certification	
Rental Assistance Agreement	
Copy of Check	
Documentation of utility assistance (if applicable)	
Releases of Information	
Reassessments and Recertifications	
Case Notes	
Termination of Assistance (If applicable)	
Post Exit Follow-Up Verification	

HMIS Data: REGION 5 HCRP ASSISTANCE FORM

HMIS # _____

	N/A	Client does not know	Client refused to provide
CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III) [All clients]			
First name		<input type="checkbox"/>	<input type="checkbox"/>
Middle name		<input type="checkbox"/>	<input type="checkbox"/>
Last name		<input type="checkbox"/>	<input type="checkbox"/>
Suffix		<input type="checkbox"/>	<input type="checkbox"/>

Type: Homeless Prevention Rapid Re-Housing Caseworker _____

FINANCIAL ASSISTANCE PROVIDED [To be routed to HMIS Entry Person]

Start date MM/DD/YYYY)	End date (MM/DD/YYYY)	Arrearage Assistance	Rental assistance	Security Deposit	Utility Assistance	Utility deposit	Moving costs	Motel/hotel	Case Management
		\$	\$	\$	\$	\$	\$	\$	
			HMIS Date entered	Entered by:					
		\$	\$	\$	\$	\$	\$	\$	
			HMIS Date entered	Entered by:					
		\$	\$	\$	\$	\$	\$	\$	
			HMIS Date entered	Entered by:					
		\$	\$	\$	\$	\$	\$	\$	
			HMIS Date entered	Entered by:					
		\$	\$	\$	\$	\$	\$	\$	
			HMIS Date entered	Entered by:					
		\$	\$	\$	\$	\$	\$	\$	
			HMIS Date entered	Entered by:					
		\$	\$	\$	\$	\$	\$	\$	
			HMIS Date entered	Entered by:					
Total amount			\$	\$	\$	\$	\$	\$	

HMIS Data: REGION 5 HCRP EXIT FORM

HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

First name	Middle Initial
Last name	

PROGRAM EXIT DATE

Month	/	Day	/	Year	HMIS Number	TYPE
-------	---	-----	---	------	-------------	-------------

Month Day Year HMIS Number **TYPE**

Homeless Prevention Rapid Re-Housing
Caseworker: _____

REASON FOR LEAVING

<input type="checkbox"/> Completed program	<input type="checkbox"/> Non-compliance with program
<input type="checkbox"/> Criminal activity/violence	<input type="checkbox"/> Non-payment of rent
<input type="checkbox"/> Death	<input type="checkbox"/> Other
<input type="checkbox"/> Disagreement with rules/persons	<input type="checkbox"/> Reached maximum time allowed
<input type="checkbox"/> Left for housing opp. Before completing program	<input type="checkbox"/> Unknown/Disappeared
<input type="checkbox"/> Needs could not be met	

DESTINATION [All clients]

<input type="checkbox"/> Deceased	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Rental by client, other (non-VASH) housing subsidy
<input type="checkbox"/> Hospital (non psychiatric)	<input type="checkbox"/> Rental by client, VASH Subsidy
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Staying or living with family, permanent tenure
<input type="checkbox"/> Other (Describe) _____	<input type="checkbox"/> Staying or living with family, temporary tenure (room, apartment or house)
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Staying or living with friends, permanent tenure
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Staying or living with friends, temporary tenure (room, apartment or house)
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Place not meant for habitation (a vehicle or anywhere outside)	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)

HOUSING STATUS [All clients]

<input type="checkbox"/> Literally homeless	<input type="checkbox"/> Housed and at-risk of losing housing
<input type="checkbox"/> Housed and at imminent risk of losing housing	<input type="checkbox"/> Stably housed
<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused

INCOME WITHIN THE LAST 30 DAYS	AMOUNT	WHO	INCOME WITHIN THE LAST 30 DAYS	AMOUNT	WHO
<input type="checkbox"/> Alimony/spousal support			<input type="checkbox"/> SSI/SSDI		
<input type="checkbox"/> Cash assistance/TANF			<input type="checkbox"/> Unemployment		
<input type="checkbox"/> Child support			<input type="checkbox"/> Veteran's Disability		
<input type="checkbox"/> Income from employment/wages			<input type="checkbox"/> Veteran's Pension		
<input type="checkbox"/> Pension from a former job			<input type="checkbox"/> Worker's Compensation		
<input type="checkbox"/> Retirement from Social Security			<input type="checkbox"/> Other: _____		
TOTAL MONTHLY INCOME:	\$		TOTAL ANNUAL INCOME:	\$	

NON-CASH BENEFITS WITHIN THE LAST 30 DAYS	WHO	WHO
<input type="checkbox"/> Food Stamps - Amount \$		<input type="checkbox"/> Veteran's Medical Services
<input checked="" type="checkbox"/> Medicaid		<input type="checkbox"/> TANF child care Other TANF services
<input type="checkbox"/> Medicare		<input type="checkbox"/> TANF transportation services
<input type="checkbox"/> State Children's Health Insurance (Healthy Start)		<input type="checkbox"/> Other TANF services
<input type="checkbox"/> WIC		<input type="checkbox"/> Temporary rent
<input type="checkbox"/> Section 8, Public Housing		<input type="checkbox"/> Other: _____

Date

Landlord Name
Landlord Address
City, State Zip

RE: Client Name

Dear Landlord Name:

Our agency will assist the above mentioned client with a total of \$ _____ towards the rental delinquency for the month of : _____, 2013.

In order for our agency to assist with this rental delinquency, we must know that you agree to work with our client's rental situation for as long as we are providing payment, without serving an eviction notice. We also require that you provide us with a copy of any notice to the above-mentioned client to vacate the housing unit, or any complaint used under state or local law to commence an eviction action against the client.

Please confirm/complete the information below, sign, date and return this letter using the included envelope, or fax to my attention at ####-###-####. Thank you.

Sincerely,

Caseworker Name

RENTAL ASSISTANCE AGREEMENT

Client Name: _____

Rental Property Address: _____

- The above-mentioned client is behind in his/her rent which is due on the _____ day of month, for the month(s) of _____ at the rate of \$ _____ per month for a total of \$ _____ past due, not including deposits, late fees or other fees.
- In addition, the following late fees are owed: \$ _____.
- I understand that I must provide Catholic Charities with a copy of any notice to the client to vacate the housing unit, or any complaint used under state or local law to commence an eviction action against the client.
- Assistance is conditional on tenant participation in the Homeless Crisis Response Program. If tenant is non-compliant with program or terminated for any reason, this rental agreement becomes invalid.
- I agree with the terms of this rental assistance letter and understand that rental payment will be issued within three weeks of our agency's receipt of this signed landlord agreement.

Landlord signature

Date

Tenant signature

Date

Caseworker signature

Date

REGION 5: Homeless Crisis Response Program

6-month Post-exit Verification of Follow-up

Client Name: _____

HMIS ID: _____

Method of follow up:

- Letter
- Phone contact
- In-person

Outcome:

- Stable housing
- At-risk of housing loss
- Imminently losing housing
- Literally homeless

Notes:

HCRP Case Worker: _____

Date: _____

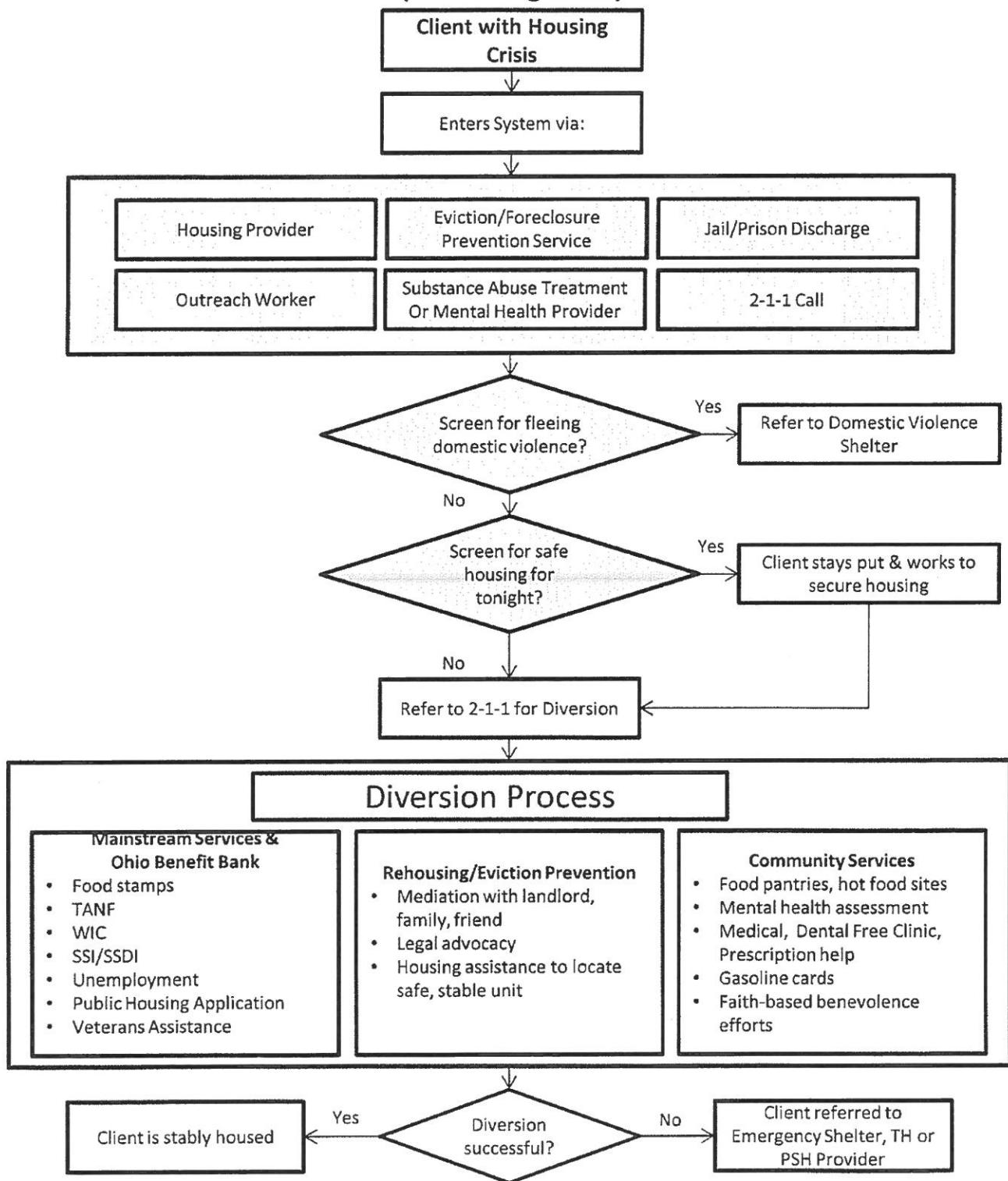
BOSCOC Region 5

Uniform Diversion Policy

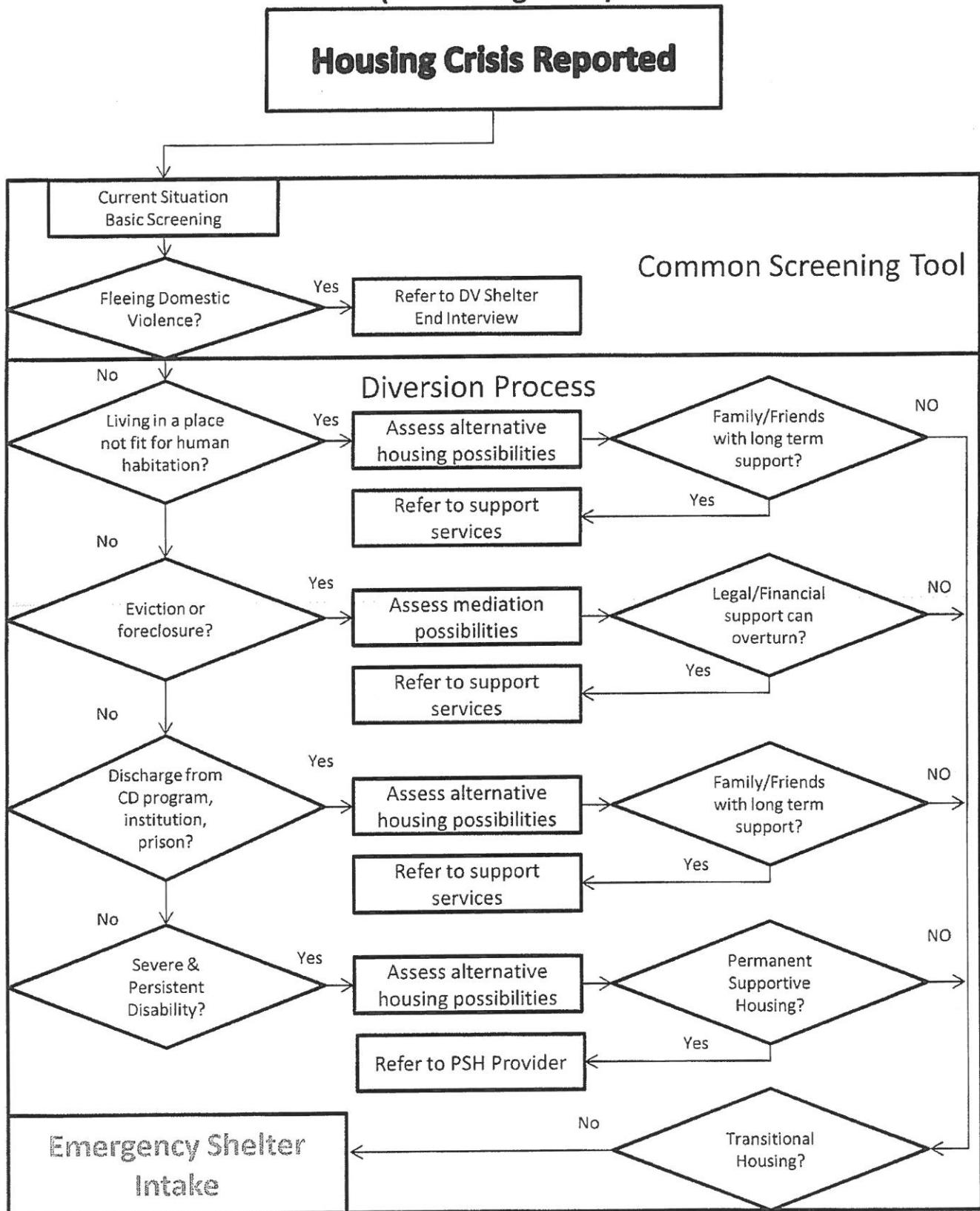
The Balance of State Region 5 will use a coordinated diversion tool and believes that diversion is a necessary part of the process to end homelessness. This diversion tool will be used when a household is identified as having the ability to avoid entering a shelter.

Region 5 will use a “No Wrong Door” approach to help those households experiencing a housing crisis. All local organizations that may encounter such households will participate in our regional meetings and agree to implement the screening tool and diversion tool as appropriate.

High Level Outreach/Diversion Flowchart (No Wrong Door)



Proposed Diversion/Coordinated Intake Process (No Wrong Door)



HOMELESS CRISIS RESPONSE PROGRAM

Region 5 Policies and Procedures

Background

The Homeless Crisis Response Program (HCRP) is designed to provide financial assistance and services to prevent individuals and families from becoming homeless (homelessness prevention), or to help those who are experiencing homelessness to be quickly re-housed and stabilized (rapid re-housing).

Persons defined as homeless under categories 1 & 4 are eligible for Rapid Re-Housing assistance. Persons defined as homeless under categories 2, 3 & 4 are eligible for Homeless Prevention assistance. The difference is that persons receiving prevention assistance are housed at the time they begin receiving HP assistance, and persons receiving rapid re-housing assistance are homeless at the time they begin receiving assistance.

By January 2013, all balance of state counties will be regionalized and guided by a Homeless Services Coordination Plan to fulfill the requirements of the HCRP through the Ohio Department of Development. Region 5 is comprised of Ashtabula, Geauga, Lake, Portage and Trumbull Counties. Region 5 will convene a regional homeless planning group, create a Regional Homeless Services Coordination Plan and will be submit one application for ODOD housing funding opportunities.

Note: The Homeless Definition was effective January 4, 2012.

Rapid Re-Housing Assistance Eligibility “Homeless”

Rapid Re-housing is available for persons who are homeless according to HUD’s definition, Categories 1 & 4. The short-term and medium-term assistance is intended for households who have barriers to housing, but who are likely to sustain housing after the subsidy ends. The purpose of the HCRP rapid re-housing funds is to assist eligible program participants to quickly obtain and sustain stable housing.

Rapid Re- Housing	<p>Goal:</p> <ul style="list-style-type: none">• To transition people out of homelessness quickly.• To directly decrease overall number of homeless persons in shelters and on streets.
No income requirement	
No appropriate subsequent housing options have been identified.	
Participant must meet Category 1 or 4	

Individuals and families who meet one of the following criteria for defining Homeless, along with the above-mentioned minimum eligibility requirements are eligible under the rapid re-housing portion of HCRP:

Category 1	Literally Homeless	<p>An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> i. Living at place not meant for Human Habitation (car, park, bus, airport); ii. Living in a shelter, transitional housing and hotels or motels paid for by charitable or government programs; or iii. Individual exiting institution, that resided there 90 days or less and lived in a shelter or place not meant for human habitation immediately before entering that institution.
Category 4	Fleeing/Attempting to Flee Domestic Violence DV	<p>Any individual or family who:</p> <ul style="list-style-type: none"> • Is fleeing or is attempting to flee domestic violence, dating violence, sexual assault, stalking or other danger or life-threatening conditions that have either taken place within the primary nighttime residence or has made them afraid to return to that residence or has made them afraid to return to that residence; • Has no other residence; and • Lacks the resources or support networks (e.g., family, friends, and faith-based or other social networks) to obtain other permanent housing.

Homelessness Prevention Eligibility:

It is often challenging to identify persons who are housed but have a very high risk of becoming homeless. There are many people who are housed and have great need but would not become homeless if they did not receive assistance. HCRP Prevention assistance funds are to be targeted to those individuals and families at risk of becoming homeless under Categories 1, 2 and 3. Also served through these funds are individuals and families defined in the homeless definition under Categories 2 and 4. The defining question as to whether or not a household qualifies for HCRP Prevention assistance is, “Would this individual or family be homeless *but for* this assistance?” The answer must be “yes” and supporting evidence must be documented in the client file.

In order to receive homeless prevention financial assistance or services funded by HCRP, all program participants must meet the following minimum criteria:

Homeless Prevention	<p>Goal: Prevent moving into shelter/uninhabitable place and to regain stability.</p>
	Participant must be “at risk of homelessness” under Category 1 , 2 or 3
	Income below 30% AMI
	Insufficient financial resources or support networks to prevent homelessness.
	No appropriate subsequent housing options have been identified.
	The household lacks the financial resources and support networks needed to obtain immediate housing or remain in its existing housing.

Individuals and families defined as At Risk of Homelessness under the following categories are eligible for assistance:

Category 1	Individuals and Families	<p>Individuals and families:</p> <ul style="list-style-type: none"> • Annual income below 30% • Lack sufficient resources or support networks to prevent literal homelessness; AND • <u>Meet at least one of the following seven conditions:</u> <ol style="list-style-type: none"> 1. Moved two or more times due to economic reasons in 60 days prior to application 2. Living in another's home due to economic hardship 3. Losing housing within 21 days of application 4. Living in hotel/motel NOT paid by charitable or government program 5. Living in severely overcrowded unit (more than 2 people in SRO/efficiency or in larger housing more than 1.5 persons per room) 6. Exiting publicly funded institution or system of care 7. Lives in housing associated with instability and increased risk of homelessness, per recipient Consolidated Plan.
Category 2	Unaccompanied Children and Youth	<p>Unaccompanied children and youth:</p> <ul style="list-style-type: none"> • Does not include children/youth who qualify under the homeless definition • Does not include parents or guardians • Regulations included the list of applicable other federal statutes
Category 3	Families with Children and Youth	<p>Families with children and youth:</p> <ul style="list-style-type: none"> • Children /youth who qualify under the Education for Children and Youth program (§725(2) McKinney-Vento Act) and the parents or guardians that child/youth if living with him/her.

Individuals and families that fall under the homeless definition can be served through prevention funds under the following categories:

Category 2	Imminent Risk of Homelessness	<p>Individuals and families:</p> <ul style="list-style-type: none"> • Annual income below 30% • AND • Who will imminently lose their primary nighttime residence provided that: <ul style="list-style-type: none"> 1. Residence will be lost within 14 days 2. No subsequent residence has been identified 3. Lack sufficient resources or support networks to prevent literal homelessness;
Category 4	Fleeing or attempting to flee domestic violence	<p>Any individual or family who:</p> <ul style="list-style-type: none"> • Is fleeing or is attempting to flee domestic violence, dating violence, sexual assault, stalking or other danger or life-threatening conditions that have either taken place within the primary nighttime residence or has made them afraid to return to that residence or has made them afraid to return to that residence; • Has no other residence; and • Lacks the resources or support networks (e.g., family, friends, and faith-based or other social networks) to obtain other permanent housing.

- The household must be **below 30%** of the Area Median Income (AMI). Please refer to the appropriate year's Area Median Income limits. Income limits are updated annually and new limits should be utilized when released. Income limits are available on HUD's website at <http://www.huduser.org/DATASETS/il.html>. Income eligibility must be documented in the client file.

Recordkeeping, Process and Reporting

Caseworkers must provide evidence of homeless prevention and homelessness by way of the following:

1. Intake and certification forms for all persons seeking assistance.
2. Documentation of annual income.
3. Certification that participant has insufficient financial resources and support networks.
4. Most reliable evidence to show lack of resources/support network is source documentation.

Any household provided with financial assistance through HCRP must have at least an initial consultation with a case manager or other authorized representative who can determine the appropriate type of assistance to meet their needs. Persons ineligible for HCRP should be referred to the appropriate resources or services provider that can assist them.

Third Party Documentation for certification and income verification

- Source Documentation – Original documentation from a third party, official communication on letterhead or statement template
 - Examples – Termination of employment letter
 - Social Security Administration letter
 - Eviction Notice
 - Statements – paystubs, bank/checking statements
- Written – Official communication issued on agency stationery or program template. Signed and dated by appropriate representative of third party. Letters should share clients living situation and/or economic hardship. Example: Letter from a case manager, service provider, friend/family member, employer
- Oral – Statement from the client and recorded by caseworker.
- Source documentation is most preferred for third party documentation.

Income Inclusion/Income Documentation

Type of Income	Examples of acceptable documentation
Wages & Salary (initial/recertification) <input type="checkbox"/> Written 3 rd Party <input type="checkbox"/> Oral 3 rd Party <input type="checkbox"/> Self-declaration & brief explanation	Payment Statement, statement of income from employer/source income
Self-employment & Business Income (initial/recertification) <input type="checkbox"/> Written 3 rd Party <input type="checkbox"/> Self-declaration & brief explanation	Most recent financial statement
Interest & Dividend Income (initial/recertification) <input type="checkbox"/> Written 3 rd Party <input type="checkbox"/> Self-declaration & brief explanation	Most recent interest or dividend income statement
Pension/Retirement Income (initial/recertification) <input type="checkbox"/> Written 3 rd Party <input type="checkbox"/> Oral 3 rd Party <input type="checkbox"/> Self-declaration & brief explanation	Most recent benefit notice, pension statement or other payment statement from pension provider
Unemployment & Disability income (initial/recertification) <input type="checkbox"/> Written 3 rd Party <input type="checkbox"/> Oral 3 rd Party <input type="checkbox"/> Self-declaration & brief explanation	Most recent benefit or disability income notice from SSI, statement from SSI
TANF/Public Assistance (initial/recertification) <input type="checkbox"/> Written 3 rd Party <input type="checkbox"/> Oral 3 rd Party <input type="checkbox"/> Self-declaration & brief explanation	Most recent benefit or income notice or statement from public assistance administrator
Alimony, Child Support & Foster Care Income (initial/recertification) <input type="checkbox"/> Written 3 rd Party <input type="checkbox"/> Oral 3 rd Party <input type="checkbox"/> Self-declaration & brief explanation	Court Order Cancelled checks
Armed Forces Income (initial/recertification) <input type="checkbox"/> Written 3 rd Party <input type="checkbox"/> Oral 3 rd Party <input type="checkbox"/> Self-declaration & brief explanation	Payment statement Statement of income from government official/agency
No Income (initial/recertification) <input type="checkbox"/> Self-declaration & brief explanation	

Client File

It is the responsibility of each agency to maintain appropriate records to document, respective to their agency, all client interaction while enrolled in the program and years subsequent as required by law. Client files can, but are not limited to, contain intake/assessment/screening forms, signed release(s) of information, case management notes, signed verification forms, and payment remittance.

When assessing and assisting a client:

- Households should be reasonably expected to maintain housing stability following receipt of assistance.

- HCRP funds cannot be provided to eligible individuals or families for the same period of time and for the same cost types that are being provided through another federal, state, or local program. Note : A household receiving an ongoing rental subsidy cannot receive HCRP rental assistance. Example: First month's or current rent for subsidized housing.
 - NOTE: HCRP assistance can be used to help pay for up to six months of arrears if the arrearage is a factor in the potential homelessness. The payment of arrears is eligible because it represents a different period of time.
- Clients receiving one “type” of assistance under another program may be eligible for other types of HCRP assistance, as long as they are not also receiving that “type” of assistance through another source.
- Payments must not be made to program participants, but only to third parties, such as landlords or utility companies.
- The amount of the assistance must be the **minimum** amount needed to prevent the client from becoming homeless.

Eligible Activities

- Rental Assistance: - up to 24 months during any three year period.
 - Short-term rental assistance (1-3 months). If a household receives short-term assistance and then needs additional assistance, they are eligible to do so as long as they are certified as eligible for the additional assistance.
 - Medium Term Rental Assistance – greater than 3 months, less than 24 months
 - Must be in compliance with HUD’s standard of rent reasonableness/fair market rent.
 - Rental assistance may not be used to provide financial assistance or services in any units that are owned or operated by a sub-grantee or sub-recipient.
 - A lease must be in place and the program participant must be on the lease in order to use HCRP funds for rent.
 - Families or individuals who are precariously housed (ie. doubled-up with family or friends) may be eligible for prevention assistance if determined that they would be “homeless but for this assistance” and they meet all other HCRP eligibility criteria.
- Rental Arrears (Late payments):
 - Assistance may be used to pay up to (one time) six month of rental arrears regardless of when they were incurred, provided that the existence of the arrears prevents the participant from obtaining housing including any late fees.
 - Rental Assistance Agreement – owner must give a copy of any notice to the participant to vacate the housing unit to agency. This is in addition to the rental agreement between landlord and tenant.
 - Arrears may be paid if the payment enables the client to remain in the housing unit for which the arrears are being paid or move to another unit.
 - Any arrearage paid must be included in determining the total period of the program participant’s assistance, which may not exceed 24 months.

- Rental arrears can be paid on behalf of a person receiving a subsidy from another public program because it represents a different time period and cost type than the rental subsidy (ie. the arrears represent a back payment of the client portion, and the current rental assistance is a forward payment).
 - HCRP funds may be used to pay for late fees associated with rent arrears, as long as the payment enables the program participant to remain housed or become rehoused.
- Deposits:
 - Security deposits. A lease must be in place and the program participant must be on the lease in order to use HCRP funds for a security deposit. Therefore, assistance could not be provided to an individual renting from a friend or relative if a legal lease is not in place.
 - Utility deposits. The program participant or a member of his/her household must have an account in his/her name with a utility company.
- Utility Payments:
 - Assistance for up to 24 months of utility payments, including up to six months of utility payments in arrears.
 - HCRP funds may be used to pay for late fees associated with utility arrears, as long as the payment enables the program participant to remain housed or become rehoused.
 - The program participant or a member of his/her household must have an account in his/her name with a utility company or proof of responsibility to make utility payments, such as cancelled checks or receipts in his/her name from a utility company.
 - Utilities eligible for assistance are: heat, electricity, water, sewer and garbage collection. Telephone and cable services are not eligible.
- Moving Cost Assistance:
 - Reasonable moving costs, such as truck rental, hiring a moving company or short-term storage fees for a maximum of three months or until the program participant is in housing, whichever is shorter.
- Motel and Hotel Vouchers:
 - Reasonable and appropriate motel and hotel vouchers for up to 30 days, if no appropriate shelter beds are available and subsequent rental housing has been identified, but is not immediately available for move-in by the program participants.

Financial Assistance

Region 5 financial assistance will usually not exceed \$3,000 per household, however, this amount may be adjusted based upon client need and circumstance. Documentation supporting the decision must be placed in the client file.

Clients may be expected to pay a portion of any financial assistance. The client portion will be determined by the caseworker, and based upon ongoing client assessments.

Re- Evaluations/Certification/Follow-up

- Homeless Prevention – at entry and every 3 months after entering program.
- Rapid Re-Housing – at 90 days after entering program and every 3 months after
- 6 month follow up after client is exited as appropriate

Inspections

- Any financial assistance through HCRP requires a Habitability Inspection.
- Housing constructed prior to 1978 and occupied by families with children under the age of six or where a pregnant individual is in the household must have a visual lead inspection conducted by a HUD-certified Visual Assessor.
- Client cannot move into the new household until the housing inspection is completed and passes inspection
- The HUD-certified Visual Assessor will contact the landlord to schedule an inspection time.
- The results of the inspection are submitted to the Agency.
- If the inspection fails, the landlord is notified of the findings and the need for any corrective action.
- If the landlord refuses to take corrective action, the agency cannot assist the client with that unit.
- HCRP funds used for rental assistance to place a homeless household into housing or to move a household to different housing must have a housing inspection conducted. Please refer to and utilize HCRP *Housing Habitability Standards Inspection Checklist*. Completed checklist should be placed in client file.
- If the participant is receiving medium-term assistance for longer than 12 months, an inspection must be conducted annually.
- If a new family moves into the same unit, a new inspection must be conducted.
- If a program participant is moving into a unit and using another subsidy program that requires an inspection, staff from the other program may conduct the inspection, as long as they follow the HCRP standards. Example: Local housing authorities.

Housing Relocation and Stabilization Services “Service Costs” Eligible Activities

(All eligible HCRP activities must be directly related to housing)

- Housing Stability Case Management - Arrangement, coordination, monitoring, and delivery of services related to meeting the housing needs of program participants and helping them obtain housing stability.
- Outreach and Engagement - Services or assistance designed to publicize the availability of programs to make persons who are homeless or almost homeless aware of these and other available services and programs.
- Housing Search and Placement - Services or activities designed to assist individuals or families in locating, obtaining, and retaining suitable housing. Activities which may be included are tenant counseling, assisting individuals and families to understand leases, securing utilities, making moving arrangements, representative payee services concerning rent and utilities, and mediation and outreach to property owners related to locating or retaining housing.
- Credit Repair - Services that are targeted to assist program participants with critical skills related to household budgeting, money management, accessing a free personal credit report, and resolving personal credit issues.
- Mediation – to prevent the participant from losing housing.
- Legal Services – to resolve legal problem prohibiting participant from obtaining or losing housing.

Ineligible Activities

- Shelters
- Transitional housing
- Damage costs incurred in an apartment/home
- Child care
- Employment training
- Mortgage assistance, fees, taxes or other costs of refinancing
- Credit card bills or other consumer debt
- Car repairs
- Transportation or travel costs
- Food
- Medical or dental care
- Prescriptions
- Housing rehabilitation
- Clothing and grooming items
- Home furnishings
- Pet care
- Work or education related materials
- Entertainment activities
- Assisting persons in obtaining expungements and/or pardons of their criminal records
- Re-entry advocacy
- Helping persons obtain jobs
- Developing discharge planning programs in mainstream institutions such as hospitals, jails, or prisons
- Certifications, licenses, and general training classes for program participants or service providers
- Assistance to youth who are wards of the state

Terminating Client Services

Clients that have received more than a one-time assist and are not compliant with their action plan may be subject to termination of services. In the event the client's services are terminated, a letter is sent to the client explaining the reason(s) for the end of services. Clients may appeal the termination and their case will be reviewed to determine if the case will be reopened. Each agency will identify a contact person.

Homeless Outreach

All counties will work in collaboration with their shelters and/or PATH programs with regard to street outreach.

Auditing

All files will be available for auditing by the appropriate entity.

HMIS

All HCRP clients are entered in to the HMIS system when providing financial assistance. A unique id number is generated, recorded and noted on client's file and documents. HMIS Universal Data elements will be collected on the Region 5 Assessment form. Domestic violence shelters must maintain data in a comparable data base.

Agency Policy Compliance

In accordance with applicable regulatory bodies and local, state, and federal laws, each agency must maintain a Confidentiality Policy, Nondiscrimination and Equal Opportunity Policy, Financial Management Policy, and a Rent Reasonableness/Fair Market Value Policy. All HCRP practices must comply with each respective agency's policy on these topics.